



Claim No.: _____

OFFICE OF THE ATTORNEY GENERAL**PAYMENT AFFIRMATION****To be completed and signed by the Adult Tenant.**

VICTIM: _____

CLAIMANT: _____

YOU MUST COMPLETE ALL QUESTIONS:

Please complete the following questions if you want payments to be sent directly to the landlord.

If there are no payments to landlord, please disregard.**MARK THE PAYMENTS YOU WOULD LIKE TO GO TO THE LANDLORD:**

(Exact amounts should be specified on the Letter of Intent and Relocation Expense Worksheet.)

☐ Application fee☐ Administration fee☐ Security Deposit☐ 1st Month's Rent☐ Complete Rental Portion**LANDLORD CONTACT INFORMATION:**_____
NAME OF LANDLORD/APARTMENT()

PHONE NUMBER_____
TAX ID OR SSN OF LANDLORD_____
STREET ADDRESS_____
SUITE_____
CITY_____
STATE_____
ZIP CODE

THIS FORM MUST BE COMPLETED, SIGNED, AND DATED BEFORE WE ARE ABLE TO RELEASE THE CLAIM FOR ANY BENEFITS OR PAYMENTS. IF THIS INFORMATION SHOULD CHANGE, YOU ARE OBLIGATED TO NOTIFY OUR OFFICE (CVC) AND COMPLETE ANOTHER PAYMENT AFFIRMATION FORM. FAILURE TO NOTIFY CVC OF CHANGES IN THIS INFORMATION MAY RESULT IN DENIAL OF FUTURE BENEFITS.

I SWEAR AND AFFIRM UNDER PENALTY OF PERJURY UNDER TEXAS PENAL CODE § 37.02 THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT.

PRINTED NAME OF ADULT TENANT_____
DATE_____
SIGNATURE OF ADULT TENANT